Image Release

Student’s Name: ________________________________________________

Please print

I grant permission for my child’s name, voice, and photographic likeness to be used by Alice Ferguson Foundation,

Name of School __________________________ Teacher’s Name __________________________ Field Study Date ____________

and school personnel, or reporters, journalists or photographers employed by news media.

I understand that my child’s likeness may be used in publications and/or other media, whether now known or hereafter existing, controlled by the Alice Ferguson Foundation, in perpetuity, and for other use by the Foundation. I will make no monetary or other claim against the Alice Ferguson Foundation for the use of the photograph(s)/video.

Parents Name __________________________

Parents Signature __________________________ Date ____________

*If you do not grant permission, please return this form with your child’s name and print ‘No Photo’ for the parent’s signature.